

QTP 4N0X1-5
January 2004

MEDICAL SERVICE SPECIALTY - INDEPENDENT DUTY
SITE ADMINISTRATION



**TRAINING THE BEST MEDICS FOR THE BEST
AIR FORCE IN THE WORLD**

Volume 5

383 TRAINING SQUADRON/XUFB
INDEPENDENT DUTY MEDICAL TECHNICIAN COURSE
917 MISSILE ROAD
SHEPPARD AFB TX 76311-2261

QTP 4N0X1-5

MEDICAL SERVICE SPECIALTY - INDEPENDENT DUTY

Volume 5 Site Administration

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INTRODUCTION

1. This qualification training package (QTP) was developed to enhance on-the-job training for medical service personnel who have been assigned the Special Experience Identifier (SEI) 496, Independent Duty Medical Technician (IDMT). It provides the trainer with a breakdown of task performance skills to aid in performance evaluation.
2. Your role as the trainer is to carefully read over each module and identify the QTPs that pertain to the IDMTs in your operational setting. Core tasks are also identified with the asterisk (*) in the Specialty Training Standard (or STS). These core tasks are thought of as *war skills* and have been deemed essential for training even during times of war. You have the flexibility to train these volumes in the order that best suits you.
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ADMINISTER PERSONNEL RELIABILITY PROGRAM

SUBJECT AREA: Independent Duty Medical Technician (IDMT)

TASK NAMES: Administrative Procedures, Administer Personnel Reliability Program (PRP)

CFETP/STS REFERENCES: 18.1.13

EQUIPMENT REQUIRED: PRP stamp

TRAINING REFERENCES: 1

REMARKS/NOTES: Stress the importance of the initial screening of records for potentially disqualifying information, stress the importance of the IDMTs need to maintain an effective PRP program.

OBJECTIVE: Given health records from an actual or simulated patient, perform the medical responsibilities of PRP administration with 100% accuracy.

EVALUATION INSTRUCTIONS: After the trainee has received instruction, allow sufficient practice on each part of the task.

STEPS IN TASK PERFORMANCE:

1. Identify the overall program director
2. Certification procedure
3. Screen record for potentially disqualifying information
4. Notification of treatment (PRP Stamp)
5. Health record documentation
6. Decertification procedure

ATTACHMENT: Performance checklist.

PERFORMANCE ITEM	SAT	UN SAT
<ol style="list-style-type: none"> 1. Identify the overall program director (certifying official) 2. Certification procedure <ol style="list-style-type: none"> a. Identify document initiating certification procedures (AF form 286) b. Review the entire record for potentially disqualifying information c. Medical interview: conduct interview in accordance with established procedures d. Review the record and correct errors if previously on program e. Document review and findings in health records f. Complete and distribute AF form 286 g. Prepare health records <ol style="list-style-type: none"> (1) Place red tape over the terminal digit of the SSAN (2) Insert AF form 745, Sensitive Duties Program Record Identifier (3) File PRP records in separate location from non-PRP records 3. Notification of treatment (PRP Stamp) <ol style="list-style-type: none"> a. Identify situations requiring PRP notification <ol style="list-style-type: none"> (1) Medical dental or mental conditions which may affect reliability (2) Medication which may affect reliability b. Contact certifying official or designated personnel c. Pass on all pertinent information and accomplish health record documentation 4. Health record documentation <ol style="list-style-type: none"> a. Prevent out of sequence documentation <ol style="list-style-type: none"> (1) Maintain chronological sequence (2) Line through unused/unusable blank spaces on previous documents b. Place PRP stamp on SF form 600, prior to all entries c. Dental record annotation of SF Form 603/603a <ol style="list-style-type: none"> (1) Visits not requiring notification, "PRP NO" precedes the entry (2) Visits requiring notification, PRP stamp precedes the entry d. Ensure completeness of health record entry e. Complete PRP stamp <ol style="list-style-type: none"> (1) Where notification is not required, place "X" behind No on stamp (2) Where notification is required, complete (entire stamp) <ol style="list-style-type: none"> (a) Date, Name/Grade/SSN (b) Is PRP (AFI 36-2104) reporting required?, "X" behind Yes (c) Functional impairment expected (d) Type of medication prescribed (e) Estimated duration (actual period of expected impairment) (f) Unit/Contractor Facility (g) Person contacted, duty phone and date (of contact) (h) Notification made by (name of individual making notification) f. Review records for PRP accuracy 5. Decertification procedure <ol style="list-style-type: none"> a. Identify documentation required for decertification b. Document decertification <ol style="list-style-type: none"> (1) For other than medical reasons (2) For medical reasons c. Remove PRP identification from health records <ol style="list-style-type: none"> (1) Remove AF form 745 (2) Cover red tape on terminal digit of SSN with black tape or ink 		
FINAL RESULT:		

QTP 4N0X1-6
January 2004

MEDICAL SERVICE SPECIALTY - INDEPENDENT DUTY
HISTORY AND PHYSICAL



**TRAINING THE BEST MEDICS FOR THE BEST
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Volume 6

383 TRAINING SQUADRON/XUFB
INDEPENDENT DUTY MEDICAL TECHNICIAN COURSE
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MEDICAL SERVICE SPECIALTY - INDEPENDENT DUTY

Volume 6 History and Physical

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INTRODUCTION

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2. Your role as the trainer is to carefully read over each module and identify the QTPs that pertain to the IDMTs in your operational setting. Core tasks are also identified with the asterisk (*) in the Specialty Training Standard (STS). These core tasks are thought of as *war skills* and have been deemed essential for training even during times of war. You have the flexibility to train these volumes in the order that best suits you.
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OBTAIN AND RECORD MEDICAL HISTORY

SUBJECT AREA: Independent Duty Medical Technician (IDMTs)

TASK NAMES: History and Physical; Obtain and record medical histories

CFETP/STS REFERENCES: 18.2.1

EQUIPMENT REQUIRED:

1. SF 600, blue/black ink pen and patient scenario
2. References as determined necessary by the individual being evaluated

TRAINING REFERENCES: 5

OBJECTIVE: Provided a patient, medical records, and clinical setting, obtain and record the problem oriented history using the SOAPP format

EVALUATION INSTRUCTIONS:

After the trainee has received instruction allow sufficient practice on each part of the task.

NOTE: The evaluator will **STOP** the procedure immediately and correct the member if performance is detrimental to patient safety.

STEPS IN TASK PERFORMANCE:

1. Obtain patient history
2. Document history and physical in SOAPP format

ATTACHMENT: Performance checklist.

PERFORMANCE ITEM	S A T	U N S A T
<ol style="list-style-type: none"> 1. Obtain patient history <ol style="list-style-type: none"> a. Chief Complaint (uses patients own words) b. History of present illness <ol style="list-style-type: none"> O: Onset P: Provocation/Palliation Q: Quality R: Radiation S: Severity T: Timing c. Associated symptoms (positive & negative) d. History and habits pertinent to the chief complaint <ol style="list-style-type: none"> (1) Allergies (2) Medications, to include dietary/vitamin supplements (3) Previous medical/surgical care (4) Habits: <ol style="list-style-type: none"> a. Diet b. Sleep c. Alcohol d. Caffeine e. Tobacco f. Substance g. Exercise / Activity e. Exposure / Travel History f. Other problems: review of systems 3. Document history and physical in SOAPP format <ol style="list-style-type: none"> a. Subjective history must be in easily understood format and include all pertinent history b. Objective data must be recorded in acceptable systemic sequence <p>**CRITICAL CRITERIA**</p> <ul style="list-style-type: none"> • Failure to obtain <i>Chief Complaint</i> • Failure to obtain <i>OPQRST</i> • Failure to obtain patient <i>Allergies</i> • Failure to document significant data in easily understood format 		
FINAL RESULT:		

PERFORM PHYSICAL EXAMINATIONS

SUBJECT AREA: Independent Duty Medical Technician (IDMT)

TASK NAMES: History and physical; Perform patient examinations

CFETP/STS REFERENCES: 18.2.2

EQUIPMENT REQUIRED:

1. Examination equipment routinely found in an examination room
2. References as determined necessary by the individual being evaluated

TRAINING REFERENCES: 5

REMARKS/NOTES: Evaluator must be a privileged medical practitioner

OBJECTIVE: Provided a patient or examination model, medical records, and clinical setting, conduct a focused examination

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. Patient sensitivity must be maintained throughout the examination process
3. Failure to follow universal precautions is a “No Go” behavior and performance test must be stopped.

NOTE: The evaluator will STOP the procedure immediately and correct the member if performance is detrimental to patient safety.

STEPS IN TASK PERFORMANCE:

1. Obtain patient history* (Vol 6, Mod 1)
2. Perform focused physical examination
3. Evaluate associated systems

ATTACHMENT: Performance checklist.

PERFORMANCE ITEM	S A T	U N S A T
<p>1. Perform physical examination (minimum standards)</p> <ol style="list-style-type: none"> Obtain and record vital signs General: Level of distress, orientation, habits, gait, hygiene, odors Skin; Observe color, character, also observe nails and hair Head; Hair, scalp, skull, and face Eyes; Visual Acuity, fields of vision, position and alignment, eyelids, sclera, conjunctiva, cornea, iris, lens, pupils...size & reactivity, extraocular movement and ocular fundi. Ears; Auricles, canals, drums, auditory acuity; Weber and Rinne tests Nose; Inspect mucosa, septum and turbinates. Palpate sinuses. Assess airflow/patency Mouth/Throat; Inspect lips, buccal mucosa, gums, teeth, roof of mouth, tongue, pharynx/tonsils Neck; Palpate for lymph nodes, masses, tracheal deviation, jugular distention/pulsation, thyroid, and auscultate for bruits. Back: Spine, musculature, ROM, CVA tenderness Chest; Inspect, palpate and percuss. Auscultate breath sounds. CardioVascular: Assess rate, rhythm and murmur, split heart sounds. Check for JVD and carotid pulse. Assess distal pulses. Abdomen; Inspect, auscultate, palpate and percuss all four quadrants. Note liver & spleen size. Extremities; Range of motion, pulses, perfusion, sensation, strength and reflexes. Neurological; Cranial nerves, motor function, gait, mental status and reflexes <p>2. Document history and physical in SOAP format</p> <ol style="list-style-type: none"> Subjective must be easily understood format and include all pertinent previous and present history Objective data must be recorded in acceptable systemic sequence Assessment should be relevant to chief complaint. Include differential diagnosis and clinical reasoning. Plan should be in accordance with established treatment protocols for IDMTs. Discuss pertinent preventive health measures / prevention counseling. <p>**CRITICAL CRITERIA</p> <ul style="list-style-type: none"> Failure to demonstrate universal precautions Failure to maintain patient sensitivity Failure to protect patient modesty by appropriate use of drapes 		
FINAL RESULT:		

PERFORM EMERGENCY GYNECOLOGICAL EXAMINATION

SUBJECT AREA: Independent Duty Medical Technician (IDMT)

TASK NAMES: History and physical; Perform physical examinations, Perform Emergency Gynecological Examination

CFETP/STS REFERENCES: 18.2.3

EQUIPMENT REQUIRED:

1. Examination equipment; light source, vaginal speculum, lubricant, wet prep supplies and occult blood rapid reagent test, hemocult card/developer
2. References as determined necessary by the individual being evaluated
3. NOTE: Ensure familiarity with Sexual Assault kit

TRAINING REFERENCES: 5, 13

REMARKS/NOTES: Evaluator must be a licensed medical practitioner

OBJECTIVE: Provided a patient or examination model, medical records, and appropriate clinical setting, conduct a focused gynecological emergency examination .

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task
2. Patient sensitivity must be maintained throughout the examination process
3. Failure to follow universal precautions is a “No Go” behavior and performance test must be stopped.
4. A chaperone must be present during this examination. (ensure to address local policy on obtaining a chaperone at operating location)

NOTE: The evaluator will STOP the procedure immediately and correct the member if performance is detrimental to patient safety.

STEPS IN TASK PERFORMANCE:

1. Obtain patient history* (Vol 6, Mod 1)
2. Perform focused physical examination
3. Evaluate associated systems

ATTACHMENT: Performance checklist.

PERFORMANCE ITEM	S A T	U N S A T
<ol style="list-style-type: none"> 1. Address obvious life threats and other physical trauma elsewhere on the body. 2. Position and drape patient: lithotomy position, feet in stirrups, buttocks flush with edge of table. 3. Examine: <ol style="list-style-type: none"> a. External genitalia: assess hair pattern, perineum, anus, labia majora. Spread labia minora and visualize prepuce, clitoris, frenulum, urethral orifice, hymen, vaginal orifice and Fourchette/Fossa Navicularis b. Palpate periurethral glands and greater vestibular glands. c. Speculum Exam: <ol style="list-style-type: none"> (1) Insert closed speculum, with the handle at the 4 or 8 o'clock position (2) Rotate handle to 6 o'clock position. (3) Open speculum blades. Note color of cervix. Observe for ulceration, laceration, nodules, masses, bleeding or discharge. (4) Slightly withdraw speculum to clear cervix (5) Release locking mechanism (6) Leave blades slightly open on withdrawal to inspect vaginal walls (slowly withdraw to visualize) (7) Close speculum before completely withdrawing d. Rectal Exam: Note sphincter tone, masses, nodularity and tenderness. Examine for stool and occult blood. 4. Document history and physical in SOAP format <ol style="list-style-type: none"> a. Subjective history must be in easily understood format and include all pertinent gynecologic and associated medical history. b. Objective data must be recorded in acceptable systemic sequence c. For sexual assault, document samples and chain of custody data (NOTE: Follow local operating instructions for notification procedures) d. For sexual assault, document STD considerations. <p>***CRITICAL CRITERIA</p> <ul style="list-style-type: none"> • Failure to demonstrate universal precautions • Failure to maintain patient sensitivity • Failure to protect patient modesty by appropriate use of drapes • NOTE: Only emergency Gyn exams will be performed in the field (life or limb) 		
FINAL RESULT:		

QTP 4N0X1-7
January 2004

MEDICAL SERVICE SPECIALTY - INDEPENDENT DUTY
MEDICAL LABORATORY PROCEDURES



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Volume 7

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MEDICAL SERVICE SPECIALTY - INDEPENDENT DUTY

Volume 7 Medical Laboratory Procedures

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INTRODUCTION

1. This qualification training package (QTP) was developed to enhance on-the-job training for medical service personnel who have been assigned the Special Experience Identifier (SEI) 496, Independent Duty Medical Technician (IDMT). It provides the trainer with a breakdown of task performance skills to aid in performance evaluation.
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***PERFORM URINALYSIS
[MACROSCOPIC ONLY]***

SUBJECT AREA: Independent Duty Medical Technician (IDMT)

TASK NAMES: Medical Laboratory Procedures; Perform Macro Urinalysis

CFETP/STS REFERENCES: 18.5.1

EQUIPMENT REQUIRED:

1. Urine dipstick
2. Urine sample
3. Gloves

TRAINING REFERENCE: 10

REMARKS/NOTES: Failure to follow universal precautions is a “No Go” behavior and performance test must be stopped.

OBJECTIVE: Given the necessary laboratory equipment and sample of pre-tested urine, perform a urinalysis with at least 90% accuracy in comparison with control.

EVALUATION INSTRUCTIONS: After the trainee has received instruction allow sufficient practice on each part of the task.

NOTE: The evaluator will STOP the procedure immediately and correct the member if performance is detrimental to safety.

STEPS IN TASK PERFORMANCE:

1. Identify indications and need for test.
2. Assemble equipment
3. Don gloves and maintain universal precautions
4. Obtain fresh urine sample
5. Perform macroscopic urinalysis

ATTACHMENT: Performance checklist.

PERFORMANCE ITEM	SAT	UN SAT
<ol style="list-style-type: none"> 1. Assemble equipment <ol style="list-style-type: none"> a. Urine dipstick b. Gloves 2. Don gloves and maintain universal precautions 3. Obtain fresh urine sample 4. Perform macroscopic urinalysis <ol style="list-style-type: none"> a. Determine color and appearance b. Use 9 or 10 SG urine dipstick c. Dip into urine d. Read result <ol style="list-style-type: none"> (1) Wait prescribed time for each macroscopic item tested (2) Read and document result 5. Document macroscopic results <p>***CRITICAL CRITERIA</p> <ul style="list-style-type: none"> • Failure to demonstrate universal precautions • Any unsafe practice that could harm self or coworker 		
FINAL RESULT:		

QTP 4N0X1-8
January 2004

MEDICAL SERVICE SPECIALTY - INDEPENDENT DUTY

**BIOENVIRONMENTAL AND
PUBLIC HEALTH PROCEDURES**



**TRAINING THE BEST MEDICS FOR THE BEST
AIR FORCE IN THE WORLD**

Volume 8

383rd TRAINING SQUADRON/XUFB
INDEPENDENT DUTY MEDICAL TECHNICIAN COURSE
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MEDICAL SERVICE SPECIALTY - INDEPENDENT DUTY

Volume 8: Bioenvironmental and Public Health Procedures

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INTRODUCTION

1. This qualification training package (QTP) was developed to enhance on-the-job training for medical service personnel who have been assigned the Special Experience Identifier (SEI) 496, Independent Duty Medical Technician (IDMT). It provides the trainer with a breakdown of task performance skills to aid in performance evaluation.
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PERFORM CHLORINE RESIDUAL/pH TEST

SUBJECT AREA: Independent Duty Medical Technician (IDMT)

TASK NAMES: Bioenvironmental Services; Occupational health monitoring procedures, Perform chlorine residual/pH tests

CFETP/STS REFERENCES: 18.10.4.1.1

EQUIPMENT REQUIRED: Chlorine/pH Water Test Kit

TRAINING REFERENCES: AFI 48-119, 48-144, local test kit instructions

OBJECTIVE: Using a Chlorine/pH water test kit and sample of water, perform chlorine residual and pH test. Evaluator will validate color comparison and test results; Trainee should complete task with 100% accuracy.

EVALUATION INSTRUCTIONS: After the trainee has received instruction, allow sufficient practice on each part of the task.

NOTE: The evaluator will **STOP** the procedure immediately and correct the member if performance is detrimental to safety.

STEPS IN TASK PERFORMANCE:

1. Assemble equipment
2. Collect water sample
3. Add Chlorine indicator tablet
4. Read test result
5. Collect water sample
6. Add phenol red pH tablet
7. Read test result

ATTACHMENT: Performance checklist.

PERFORMANCE ITEM	SAT	UN SA T
<p style="text-align: center;">PERFORM CHLORINE RESIDUAL TEST</p> <ol style="list-style-type: none"> 1. Assemble equipment <ol style="list-style-type: none"> a. Test tube with cap b. Chlorine residual color comparator c. Chlorine indicator tablet 2. Collect water sample <ol style="list-style-type: none"> a. Select potable water source b. Turn on water, allow to run for a few minutes c. Rinse test tube in water to be tested d. Fill to mark on tube 3. Add chlorine indicator tablet <ol style="list-style-type: none"> a. Tear foil package b. Ensure tablet is not touched c. Add tablet to test tube d. Cap test tube and gently shake to dissolve tablet 4. Read test result <ol style="list-style-type: none"> a. Select appropriate Chlorine residual color comparator b. Insert test tube c. Read results, must be accomplished within 1 minute of dissolution of the tablet <p style="text-align: center;">**This checklist was designed using the Lamotte Test Kit; local procedures may be substituted for different manufacture test kits</p> <p style="text-align: center;">PERFORM pH TEST</p> <ol style="list-style-type: none"> 1. Assemble equipment <ol style="list-style-type: none"> a. Test tube with cap b. pH color comparator c. Phenol red pH tablet 2. Collect water sample <ol style="list-style-type: none"> a. Test is accomplished in conjunction with chlorine residual testing b. Rinse test tube in water to be tested c. Fill to mark on tube 3. Add phenol red pH tablet <ol style="list-style-type: none"> a. Tear foil package b. Ensure tablet is not touched c. Add tablet to test tube d. Cap test tube and gently shake to dissolve tablet 4. Read test result <ol style="list-style-type: none"> a. Select appropriate Chlorine residual color comparator b. Insert test tube into pH color comparator c. Read results, must be accomplished within 1 minute of dissolution of the tablet <p style="text-align: center;">**This checklist was designed using the Lamotte Test Kit; local procedures may be substituted for different manufacture test kits</p>		
FINAL RESULT:		

PERFORM BACTERIOLOGICAL WATER TESTING

SUBJECT AREA: Independent Duty Medical Technician (IDMTs)

TASK NAMES: Bioenvironmental Services; Occupational health monitoring procedures, Operate *BACTERIOLOGICAL* water testing kit

CFETP/STS REFERENCES: 18.10.4.1.2

EQUIPMENT REQUIRED:

1. Water testing kit (may use Millipore, Hach or other approved test kit) with equipment specified in kit instructions

TRAINING REFERENCES: AFI 48-119, 48-144 and test kit instructions

OBJECTIVE: Using a water testing kit and necessary supplies, perform a bacteriological water test

EVALUATION INSTRUCTIONS: After the trainee has received instruction allow sufficient practice on each part of the task.

NOTE: The evaluator will **STOP** the procedure immediately and correct the member if performance is detrimental to safety.

STEPS IN TASK PERFORMANCE:

1. Prepare water test kit
2. Select water source to be tested
3. Collect water samples
4. Incubate test sample
5. Document source, chlorine residual and pH, per established procedures* (QTP Vol 8, mod 1)
6. Identify if Coli-form is present after incubation period
7. Document result of bacterial testing, per established procedures

ATTACHMENT: Performance checklist.

FINAL RESULT:

CONDUCT FOOD SAFETY INSPECTION

SUBJECT AREA: Independent Duty Medical Technician (IDMT)

TASK NAMES: Public Health; Administer food safety program

CFETP/STS REFERENCES: 18.11.3

EQUIPMENT REQUIRED: AF Form 977, Food Service Thermometer, and Flashlight

TRAINING REFERENCES: FDA Food Code, 1997 (this is most current)

OBJECTIVE: Accompanying Military Public Health personnel, demonstrate proficiency at conducting Food Safety Inspections (Inspection of base dining facility is preferred over other base food service areas for this evaluation)

EVALUATION INSTRUCTIONS: After the trainee has received instruction, allow sufficient practice on each part of the task.

<p>NOTE: The evaluator will STOP the procedure immediately and correct the member if performance is detrimental to safety.</p>

STEPS IN TASK PERFORMANCE:

1. Management and Personnel
2. Food
3. Equipment, Utensils, and Linens
4. Water, Plumbing, and Waste
5. Physical Facilities
6. Poisonous or toxic materials
7. Determine Rating

ATTACHMENT: Performance checklist.

PERFORMANCE ITEM	SAT	UN SAT
<p style="text-align: center;">General Survey of Food Service Facility</p> <ol style="list-style-type: none"> 1. Management of personnel <ol style="list-style-type: none"> a. Supervision is adequate to ensure compliance with standards of safety and hygiene b. Employee health and safety program's are kept at management's focus c. Personal cleanliness of staff uniforms and clothing is enforced by policy d. Hygiene practices, e.g. hand washing are enforced by management 2. Food storage and handling <ol style="list-style-type: none"> a. Staff knows potentially hazardous foods and verbalizes appropriate handling b. Sources of supply are approved and proper handling is insured in transit c. Protected from contamination upon receipt and while in interim storage d. Approved methods of long term storage are practiced e. Items are properly labeled as to date/time after opening f. Secondary storage containers are appropriate and well labeled 3. Equipment, Utensils, and Linens <ol style="list-style-type: none"> a. Equipment and utensils on hand are adequate to meet operational need b. Location and installation of appliances are functional and appropriate c. Maintenance of equipment ensures food safety d. Laundering of linens and uniforms is available and ensures hygiene 		
<p style="text-align: center;">FOOD SAFETY INSPECTION</p> <ol style="list-style-type: none"> 1. Inspect food handlers <ol style="list-style-type: none"> a. Health certificates issued by medical authority b. Personal hygiene c. Training Certificates reflect current food safety training d. Supervisors insures in-service education is an on-going process for employees 2. Inspect facilities, equipment and previous AF Form 977 entries. <ol style="list-style-type: none"> a. Ventilation and sneeze shields on serving line and salad/dessert bars b. Ventilated as required by AFOSH, OSHA, and USDA Food Safety c. Floors (safety and cleanliness) d. Insect and rodent control (screens/garbage) e. Preparation surfaces f. Utensil storage g. Hand washing facilities h. Mop and broom racks (storage/segregation) i. Outside areas j. Latrine(s) (soap/hot water/hand washing signs) 3. Determine Approved Sources <ol style="list-style-type: none"> a. Food b. Water/ice 4. Inspect Storage Technique <ol style="list-style-type: none"> a. Refrigerators (35°- 40° F) b. Freezers (0° F or below) c. Vegetables (35°-55° F) d. Bread and bakery products e. Milk dispensers (32°- 40° F) f. Dry storage <ol style="list-style-type: none"> (1) 6" from floor (2) 18" from ceiling g. Non-food h. Clean Equipment 		

FOOD SAFETY INSPECTION – Continued			
5. Inspect Preparation Technique a. Serving line (temp $\geq 140^{\circ}$ F) b. Potentially hazardous food (1) Hot ($\geq 165^{\circ}$ F) (2) Cold ($\leq 40^{\circ}$ F) c. Sandwiches d. Green vegetables e. Frozen food f. Left-over food (labeled and dated) (1) Labeled (time and date) (2) < 24hrs old g. Dishes and utensils (stored upside down) h. Handling procedures 6. Inspect Washing and Sanitizing a. Machine operation (1) Pre-wash (2) Wash ($\geq 150^{\circ}$ F) (3) Rinse ($\geq 160^{\circ}$ F) (4) Sanitizing ($\geq 180^{\circ}$ F) b. Compartment (3) sink (1) Pre-wash (2) Wash (120° - 130° F) (3) Rinse (140° - 150° F) (4) Sanitizing ($\geq 170^{\circ}$ F or 75° - 120° F with 50ppm chlorine) c. Large equipment d. Aircraft and coffee containers e. Other food contact surfaces f. Vending machines 7. Facility Cleanliness a. Garbage stand and dumpster b. Grease interceptors c. Aircraft refuse handling 8. Determine Rating FINAL RESULT			

MEDICAL SERVICE SPECIALTY - INDEPENDENT DUTY
EMERGENCY MEDICINE PROCEDURES



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SHEPPARD AFB TX 76311-2261

QTP 4N0X1-9

MEDICAL SERVICE SPECIALTY - INDEPENDENT DUTY

Volume 9 Emergency Medicine Procedures

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INTRODUCTION

1. This qualification training package (QTP) was developed to enhance on-the-job training for medical service personnel who have been assigned the Special Experience Identifier (SEI) 496, Independent Duty Medical Technician (IDMT). It provides the trainer with a breakdown of task performance skills to aid in performance evaluation.
2. Your role as the trainer is to carefully read over each module and identify the QTPs that pertain to the IDMTs in your operational setting. Core tasks are also identified with the asterisk (*) in the Specialty Training Standard (or STS). These core tasks are thought of as *war skills* and have been deemed essential for training even during times of war. You have the flexibility to train these volumes in the order that best suits you.
3. When the trainee has been allowed sufficient time for training and is ready for evaluation, follow the evaluation instructions and use the performance checklist as a guide to evaluate performance. Provide feed back to the trainee after each evaluation. Document progress on the AF Form 1098. Initial certification is also signed off in the STS. If a trainee does not successfully complete the QTP, provide feedback and counsel the trainee on their weak areas. Allow adequate preparation time before conducting a retest.
4. The QTPs are a tool for assessing/certifying the IDMT each time they arrive at new duty station and for standardizing annual refresher training. Our goal has been to publish a useable document for both the trainee and trainer. We value your first hand expertise and solicit your feed back on how we can improve our product. Direct all inquiries to:

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AIRWAY MANAGEMENT: PERFORM CRICOIDTHYROIDOTOMY

SUBJECT AREA: Independent Duty Medical Technician (IDMTs)

TASK NAMES: Emergency Medicine Procedures; Airway management

CFETP/STS REFERENCES: 18.12.2.1.3

EQUIPMENT REQUIRED:

1. Scalpel blade, #11 with handle
2. Hemostats, curved and straight Kelly
3. Endotracheal tube, size 4-6 or cuffed tracheal tube, size 4-6
4. Catheter over needle device, 14 gauge or larger
5. Supplemental oxygen equipment
6. Povidone-iodine, alcohol or similar antiseptic solution
7. 10 cc Syringe
8. Sterile drapes and dressings
9. gloves
10. Suction apparatus
11. Adhesive tape, or other means to secure tube

TRAINING REFERENCES: 6, 7, 8

REMARKS/NOTES: Failure to correctly locate appropriate location for cricothyroidotomy immediately stops the test

OBJECTIVE:

1. Given the necessary equipment and an anatomical model, perform a needle cricothyroidotomy
2. Given scalpel and forceps demonstrate surgical cricothyroidotomy.

EVALUATION INSTRUCTIONS: After the trainee has received instruction allow sufficient practice on each part of the task.

<p>NOTE: The evaluator will STOP the procedure immediately and correct the member if performance is detrimental to patient safety.</p>

STEPS IN TASK PERFORMANCE:

1. Identify indications and contraindications for cricothyroidotomy
2. Identify landmarks used to perform procedure
3. Identify vital structures which may be injured by incorrect technique
4. Prepare site
5. Perform needle cricothyroidotomy
6. Perform incision cricothyroidotomy

ATTACHMENT: Performance checklist.

PERFORMANCE ITEM	SAT	UN SAT
<ol style="list-style-type: none"> 1. Identify indications for cricothyroidotomy <ol style="list-style-type: none"> a. Upper airway obstruction prohibiting ventilation or intubation b. Cervical spine injuries considered unacceptable for intubation 2. Identify landmarks used to perform procedure <ol style="list-style-type: none"> a. Cricoid cartilage b. Thyroid cartilage c. Cricothyroid membrane 3. Identify vital structures which may be injured by incorrect technique <ol style="list-style-type: none"> a. Carotid arteries b. Esophagus c. Trachea 4. Place towel under patient's shoulders to hyperextend the neck. (if not contraindicated by suspected c-spine injury) 5. Prepare site with antiseptic solution 6. Perform needle cricothyroidotomy <ol style="list-style-type: none"> a. Select appropriate size catheter over needle device b. Identify cricothyroid membrane c. Stabilize cricothyroid area (thumb below, index on membrane, and middle above) d. Insert catheter over needle device 3-4mm e. Aspirate with syringe to ensure in airway f. Advance catheter and remove needle g. Recheck airflow in the catheter with syringe h. Supplement with high flow oxygen (flush) 7. Perform incision cricothyroidotomy <ol style="list-style-type: none"> a. Select desired equipment b. Palpate cricothyroid membrane, clearly locate anatomical landmarks c. Stabilize cricothyroid area (as above...thumb, index and middle finger) d. Using #11 blade, incise transversely over the membrane; retract skin to expose cricothyroid membrane; puncture membrane. e. Insert forceps tip and enlarge opening 1cm laterally from midline f. Remove knife blade and keep forceps in place g. Insert 4 or 6mm endotracheal tube or cuffed tracheal tube h. Ventilate using high concentration oxygen – assess bilateral breath sounds i. Inflate cuff to prevent audible air leaks j. Secure tube k. Apply dressing to surgical site l. Suction airway to clear bleeding and secretions 8. Describe improvised materials in place of ET tube <p>CRITICAL CRITERIA</p> <ul style="list-style-type: none"> ◆ Failure to verbalize appropriate body substance isolation precautions ◆ Failure to recognize appropriate need for gaining airway access via the cricothyroid membrane ◆ Failure to identify appropriate anatomical landmarks 		
FINAL RESULT:		

AIRWAY MANAGEMENT: PERFORM ENDOTRACHEAL INTUBATION

SUBJECT AREA: Independent Duty Medical Technician (IDMT)

TASK NAMES: Emergency Medicine Procedures; Airway management

CFETP/STS REFERENCES: 18.12.2.1.1

EQUIPMENT REQUIRED:

1. Anatomical intubation mannequin
2. Laryngoscope set, include, straight (Miller/Wisconsin) and curved (Mackintosh) blades
3. Endotracheal tubes, various sizes
4. Syringe, 10cc
5. Bag Valve Mask set with oxygen equipment
6. Suction apparatus
7. Carbon dioxide indicator for tube placement confirmation

TRAINING REFERENCES: 6, 8, 9

REMARKS/NOTES: Failure to demonstrate hyperventilation of the patient prior to intubation or interrupting ventilation in excess of 30 seconds are “NO GO” behaviors and the performance test must be stopped.

OBJECTIVE: Given the necessary equipment and anatomical intubation mannequin, perform an endotracheal intubation within 20 seconds of interrupting ventilation

EVALUATION INSTRUCTIONS: After the trainee has received instruction, allow sufficient practice on each part of the task.

<p>NOTE: The evaluator will STOP the procedure immediately and correct the member if performance is detrimental to patient safety.</p>

STEPS IN TASK PERFORMANCE:

1. Identify indications for endotracheal intubation
2. Select the appropriate equipment
3. Perform intubation

ATTACHMENT: Performance checklist.

PERFORMANCE ITEM	SAT	UN SAT
<ol style="list-style-type: none"> 1. Identify indications for endotracheal intubation <ol style="list-style-type: none"> a. Need to control or assist ventilation b. Need to protect compromised airway 2. Select the appropriate equipment <ol style="list-style-type: none"> a. Select appropriate laryngoscope handle b. Select laryngoscope blade, appropriate to the size of the person c. Select ET tube, appropriate to the size and age of the person 3. Hyperoxygenate patient prior to intubation 4. Instruct assistant to apply Sellick's maneuver or BURP 5. Perform intubation <ol style="list-style-type: none"> a. Position Head b. Suction c. Ventilate with bag valve mask d. Insert laryngoscope on right side of mouth, sweep tongue to left while advancing blade <ol style="list-style-type: none"> (1) Tip of curved blade inserted into vallecula (2) Tip of straight blade over posterior epiglottis and into glottic opening (3) Lift laryngoscope up and away from patient without damaging teeth (4) Identify vocal chords e. Pass tube through vocal cords f. Inflate tube cuff g. Ventilate and verify tube placement <ol style="list-style-type: none"> (1) Auscultate for bilateral lung sounds during ventilation (2) Check epigastrium for gurgling during ventilation (3) Verify tube placement by second means (capnometer) (4) Deflate cuff and reposition tube, if necessary h. Secure tube in place <p>CRITICAL CRITERIA</p> <ul style="list-style-type: none"> ◆ Failure to verbalize appropriate body substance isolation precautions ◆ Failure to provide high concentrations of oxygen ◆ Failure to ventilate patient at a rate of 12 breaths per minute or greater ◆ Interrupting ventilation for more than 30 seconds at any time ◆ Failure to successfully intubate within 3 attempts ◆ Using the teeth as a fulcrum for the laryngoscope blade ◆ Failure to assure distal end of stylet does not extend past the distal end of the ET ◆ Failure to assure proper tube placement by auscultation 		
FINAL RESULT:		

***AIRWAY MANAGEMENT: PERFORM NEEDLE THORACENTHESIS
FOR TENSION PNEUMOTHORAX***

SUBJECT AREA: Independent Duty Medical Technician (IDMTs)

TASK NAMES: Emergency Medicine Procedures; Airway management

CFETP/STS REFERENCES: 18.12.2.1.2

EQUIPMENT REQUIRED:

1. Povidone iodine or similar antiseptic solution
2. Syringe, 30-50cc
3. way stop cock
4. Catheter over needle device, 14-gauge or larger
5. Flutter valve (improvised or commercial)
6. Suction (optional)

TRAINING REFERENCES: 8

OBJECTIVE: Given the necessary equipment and anatomical model, perform a needle thoracentesis to decompress tension pneumothorax

EVALUATION INSTRUCTIONS: After the trainee has received instruction allow sufficient practice on each part of the task.

<p>NOTE: The evaluator will STOP the procedure immediately and correct the member if performance is detrimental to patient safety.</p>

STEPS IN TASK PERFORMANCE:

1. Identify indications for needle thoracentesis
2. Select the appropriate equipment
3. Select site for needle insertion
4. Prepare insertion site
5. Prepare needle for insertion
6. Insert catheter over needle device
7. Remove air from pleural space
8. Assess effectiveness

ATTACHMENT: Performance checklist.

VOL 9 MODULE 1-3 PERFORM NEEDLE THORACENTESIS FOR TENSION PNEUMOTHORAX

PERFORMANCE ITEM	SAT	UN SAT
<ol style="list-style-type: none"> 1. Identify indications for needle thoracentesis <ol style="list-style-type: none"> a. Tension pneumothorax in a rapidly deteriorating patient b. Pneumothorax is present or suspected c. Evidence of significant hypoxia 2. Select the appropriate equipment <ol style="list-style-type: none"> a. Antiseptic solution b. Syringe, 30-50cc c. 3 way stop cock d. Catheter over needle device, 14g or larger e. Additional as desired 3. Select site for needle insertion (a. or b) <ol style="list-style-type: none"> a. Mid-clavicular line, 2nd - 3d intercostal space, of affected side b. Mid-axillary line, 5 - 6th intercostal space, of affected side 4. Prepare insertion site, using antiseptic solution 5. Prepare catheter over needle device for insertion <ol style="list-style-type: none"> a. Connect catheter over needle to syringe b. Check syringe for ease of plunger motion 6. Insert catheter over needle device <ol style="list-style-type: none"> a. Enter at the upper edge of the lower rib (e.g.... over the top of the 3d rib) b. Advance the needle while aspirating until air is returned c. Advance catheter and remove needle and immediately attach stop cock to catheter <ol style="list-style-type: none"> (1) Reconnect syringe to catheter via 3 way stop cock (2) Recheck air flow with syringe (3) Secure catheter in place 7. Remove air from pleural space <ol style="list-style-type: none"> a. Evacuate pleural space using one of the following: <ol style="list-style-type: none"> (1) Syringe(at least 50cc) and 3 stop cock to seal system when detaching syringe (2) Flutter valve on open end of catheter – otherwise left open to the atmosphere (3) Suction or sealed drain attached to catheter to seal off outside atmosphere b. Listen periodically for breath sounds 8. Assess effectiveness <ol style="list-style-type: none"> a. Determine effectiveness of needle thoracentesis in removing air b. Determine patient response to treatment c. Verbalize appropriate follow up actions for patient relieved by procedure <p>CRITICAL CRITERIA</p> <ul style="list-style-type: none"> ◆ Failure to verbalize body substance isolation precautions ◆ Failure to recognize appropriate anatomical landmarks ◆ Failure to ensure catheter is appropriately sealed to prevent air from returning into the pleural space 		
FINAL RESULT:		

MANAGEMENT OF THE MULTIPLE TRAUMA PATIENT

SUBJECT AREA: Independent Duty Medical Technician (IDMT)

TASK NAMES: Emergency Medicine Procedures; Management of the multiple system trauma patient

CFETP/STS REFERENCES: 18.12.2.3

EQUIPMENT REQUIRED:

1. B/P Cuff & Stethoscope
2. Long spine board with at least three straps
3. Cervical Collar (S/M/L)
4. Airway set
5. Airway suction unit with whistle tip catheter and rigid suction tip
6. Splint set
7. Bandage set
8. MAST garment (non-pneumatic is preferred)
9. IV supplies; bag, tubing and various intercaths
10. Supplies for universal precautions

TRAINING REFERENCES: 8, 11

REMARKS/NOTES:

1. Not insuring body substance precautions stops the test
2. Failure to secure/protect C-Spine and Airway stops the test
3. Items that correspond to NREMT refresher course may be signed off in the refresher course. All other items must be evaluated by an individual qualified in the tasks.

OBJECTIVE:

1. Verbalize appropriate care in relationship to assessment findings
2. Identify threats to life and apply immediate intervention
3. Demonstrate competence in life support and patient packaging for transport

EVALUATION INSTRUCTIONS: After the trainee has received instruction allow sufficient practice on each part of the task.

NOTE: The evaluator will **STOP** the procedure immediately and correct the member if performance is detrimental to patient safety.

STEPS IN TASK PERFORMANCE:

1. Ensure safety and apply universal precautions
2. Demonstrate competence in establishing A B C D E's of trauma care
3. Conduct secondary survey and treat potentially life threatening injuries
4. Communicate with preceptor/HMTF
5. Package patient for evacuation

ATTACHMENT: Performance checklist.

PERFORMANCE ITEM	SAT	UNSAT
<ol style="list-style-type: none"> 1. Ensure safety and apply body substance isolation precautions <ol style="list-style-type: none"> a. Recognize potential threats to patient & personal safety <ol style="list-style-type: none"> 1. Toxic substances 2. Unstable environment 3. Electrical hazards b. Don safety equipment <ol style="list-style-type: none"> 1. Face/Nose/Mouth protection for splash hazard 2. Latex gloves 3. Gowns when indicated 2. Demonstrate competence in establishing A B C D E's of trauma care (Evaluate mechanism of injury, Assess level of consciousness (AVPU), apply A B C D E s of trauma care, treat immediate life threatening injury) <ol style="list-style-type: none"> a. Airway: Secure airway, clear obstructions, perform cricothyroidotomy to bypass fixed obstruction, immobilize cervical spine, initiate oxygen therapy using appropriate flow rate for delivery system b. Breathing: Evaluate rate, efficiency and adequacy of respirations c. Circulation: Check pulse, capillary refill and Blood Pressure. Control major bleeding. d. Disability: Assess level of injuries: Check neurological status/pupils <ol style="list-style-type: none"> 1. Demonstrate ability to use GLASCOW coma scale 2. Verbalize potential life threatening injuries produced by mechanism of injury e. Expose: Physically expose victims chest and abdomen, check for signs of external hemorrhage, look at chest movement for asymmetric movement or retractions. Palpate abdomen for tenderness. Evaluate for internal hemorrhage. 3. Conduct secondary survey and treat potentially life threatening injuries <ol style="list-style-type: none"> a. Recheck ventilation in secured airway; Is patient still in respiratory distress? evaluate for hypoventilation or paradoxical movement <ol style="list-style-type: none"> 1. Endotracheal intubation** should be performed to assist victim with respiration using bag/valve and high flow oxygen 2. Auscultate and reposition ET tube to ensure ventilation 3. Unilateral breath sounds persisting after reposition of ET tube may indicate pneumothorax; percuss for unilateral timpani; if positive perform needle thoracentesis** (4th intercostal/mid axillary line) b. Apply three point occlusive dressing to chest wound c. Stop obvious hemorrhage d. For Hypovolemic patient secure two large bore intravenous catheters running crystalloid solution** <ol style="list-style-type: none"> 1. Verbalize fluid of choice 2. Verbalize dangers of rapid infusion e. Examine for shock; verbalize signs and symptoms and vital sign criteria <ol style="list-style-type: none"> 1. Diaphoresis 2. Capillary refill greater than 2 seconds 3. Tachycardia; rapid weak pulse f. Place patient in trendelenberg position and keep warm 		

4. Establish communications with preceptor/HMTF; verbalize procedure for urgent evacuation		
5. Package patient for evacuation		
CRITICAL CRITERIA		
♦ Failure to verbalize appropriate body substance isolation precautions		
♦ Failure to initiate spinal precautions and assess ABC's appropriately		
♦ Failure to appropriately manage airway, breathing, bleeding, and treat shock		
FINAL RESULT:		

PERFORM ECC: ADMINISTER INTRAVENOUS MEDICATIONS

SUBJECT AREA: Independent Duty Medical Technician (IDMTs)

TASK NAMES: Emergency Medicine Procedures; Perform Emergency Cardiac Care (ECC)

CFETP/STS REFERENCES: 18.3, 18.6, 18.12.2.4

EQUIPMENT REQUIRED:

1. Sterile Medication for IV Use
2. IV Solution and IV tubing {micro or macro drip set as required}
3. Tandem or Piggyback set-up
4. Antiseptic swabs
5. Sterile syringe of appropriate size (e.g. 5/10 mL)
6. Sterile needle – approximately 1-1 ½ in length, #20 or #21 ga
7. Medication Added Label

TRAINING REFERENCES: 9, 11, 12

REMARKS/NOTES: Recommend taking ACLS provider course.

OBJECTIVE: Administer intravenous medications IAW IDMT protocols for emergency cardiac care emergencies.

EVALUATION INSTRUCTIONS: After the trainee has received instruction allow sufficient practice on each part of the task.

NOTE: The evaluator will **STOP** the procedure immediately and correct the member if performance is detrimental to patient safety.

CRITICAL STEPS IN TASK PERFORMANCE:

1. Ensures “5 rights” of medication administration
2. Practices universal precautions and maintains sterile technique as required
3. Administers medication as ordered by preceptor and in accordance with treatment protocols
4. Monitors both infusion and patient for signs of therapeutic response or adverse reaction

ATTACHMENT: Performance checklist.

PERFORMANCE ITEM	SAT	UN SAT
<p><u>Adding Medications to Infusing Intravenous Fluid Containers:</u></p> <ol style="list-style-type: none"> 1. Verify potential patient drug allergies 2. Verify the medication order for accuracy, confirm compatibility of drugs and solutions to be mixed: <i>Right Drug, Right Patient, Right Dose, Right Time, Right Route</i> 3. Prepare medication from a vial or ampule...correct dose 4. Confirm sterility, locate and clean injection port with antiseptic swab. 5. Inject the correct dose of medication into the container – ensure correct dilution 6. Keep the IV <i>flow clamp</i> closed until proper dilution is assured; gently rotates and mixes 7. Attach a medication label with patient name, drug, dose, date/time, IDMTs name 8. Establish infusion; open <i>flow clamp</i> and regulate the rate required by the dosage. 9. Monitor flow rate and patient: Observe for therapeutic response or adverse reaction. 10. Can state local policy for action in the event of reaction, e.g. slow or stop IV flow <p><u>*When Using Non-Vented Containers:</u></p> <ol style="list-style-type: none"> 1. Follow steps 1-2-3-4 listed above. 2. Detach air vent cap without contaminating the end [from the IV administration set] 3. Insert tip of syringe [no needle] and instill medication 4. Reattach air vent 5. Follow steps 6 -7-8-9-10 as described above. <p><u>Using Additive Sets to Administer Intravenous Medications:</u></p> <ol style="list-style-type: none"> 1. State clear understanding for use of additive sets: primary solution incompatibility; timing of administration, or to maintain peak levels by simultaneous infusion. 2. Verify potential patient drug allergies 3. Verify the medication order for accuracy, confirm compatibility of drugs and solutions to be mixed: <i>Right Drug, Right Patient, Right Dose, Right Time, Right Route</i> 4. Add medication to the additive set 5. Apply additive label 6. Assemble secondary infusion, spike, and hang at or above level of primary infusion. 7. Attach 1 inch needle to tubing set, prime, close the clamp 8. If medication is not compatible with the primary solution: The IDMT flushes the primary IV line with sterile saline before attaching the secondary set after clamping off the primary line. 9. Insert needle of secondary line through port on primary line 10. Attach secondary set to the primary set after cleaning the “Y” port; furthest from patient for Piggyback and closest to the port for a Tandem set-up. 11. Administer medication at desired rate; <ol style="list-style-type: none"> a. Piggyback medications are usually given over a 30 to 60 minute period b. Tandem infusions may be continuous or intermittent 12. Document relevant data: I&O, date, time, medication, dose, route, and solution. 		
FINAL RESULT:		

PERFORMANCE ITEM (Part II)	SAT	UN SAT
<p><u>Administering Intravenous Medications by Volume Control Administration Sets:</u></p> <ol style="list-style-type: none"> 1. Verify potential patient drug allergies 2. Verify the medication order for accuracy, confirm compatibility of drugs and solutions to be mixed: <i>Right Drug, Right Patient, Right Dose, Right Time, Right Route</i> 3. Prepare medication from an ampule or vial. 4. Attach volume-control set to infusion container <ol style="list-style-type: none"> a. Open air vent clamp on the volume-control set b. Position lower clamp on tubing below drip chamber and clamp 5. Fill volume-control device and prime tubing <ol style="list-style-type: none"> a. Fill fluid chamber with approximately 30 mL and clamp. b. Ensure sufficient fluid in drip chamber to dilute the medication [normally 50 – 100 ml is used...verify using appropriate literature] 6. Clean injection port with antiseptic swab and administer medication 7. Rotate fluid chamber to mix medication 8. Open upper clamp and regulate flow as required via device below drip chamber 9. Attach medication label to volume-control chamber. 10. Document pertinent data and monitor patient and infusion <p><u>Administering Medication Using IV Push</u></p> <ol style="list-style-type: none"> 1. Verify potential patient drug allergies 2. Verify medication order for accuracy, confirm compatibility of drugs and solutions to be mixed: <i>Right Drug, Right Patient, Right Dose, Right Time, Right Route</i> 3. Prepare medication to be administered and syringes with Heparin or saline flush ; each syringe is appropriately labeled with drug and dose/dilution 4. Administer medication <ol style="list-style-type: none"> a. <i>Using an existing IV line</i> <ol style="list-style-type: none"> (1) Don gloves (2) Inspect site for signs of infiltration (3) Select port nearest patient (4) Clean port with antiseptic swab (5) Stop IV flow above port (6) Insert needle into the port (7) Draw back on syringe to ensure patency (blood flash) (8) Inject medication at the ordered rate (9) Reestablish IV infusion at previous rate; IDMT expresses intent to flush vein with IV fluid when following irritating medications b. <i>Using an IV lock set [Heparin or saline]</i> <ol style="list-style-type: none"> (1) Don gloves (2) Swab port (3) Attach saline filled syringe to port and aspirate for blood return. (4) Inject 0.5 to 2.0 mL of saline to flush line and verify patency of access (5) Remove saline filled syringe (6) Attach medication filled syringe (7) Inject medication slowly at desired rate (8) Remove medication syringe after all medication is administered (9) Attach a second saline syringe* and flush with appropriate amount of saline. (10) *When Heparin is used complete saline flush first and then attach and inject Heparin into the lock tubing set. (11) Express knowledge that patency of IV lock should be checked at least every eight hours and that IV lock should be changed no later than every 72 hours. 		

PERFORMANCE ITEM (Part II)	SAT	UN SAT
FINAL RESULT:		

MEDICAL SERVICE SPECIALTY – INDEPENDENT DUTY

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